



Worker's Role: Visits with Children Practice Bulletin February 2008



DHS case reading data indicates that 71% [n=619] of children's monthly visits were made between August 2007 and October 2007. There is documentation the worker had a face-to-face visit with the child at least every calendar month during the reporting period.

There is documentation that the visits between the caseworker and the child (ren) focus on issues pertinent to case planning, service delivery, and goal attainment.

Expectations: A visit is a face-to-face contact between the "caseworker that has full responsibility for case planning and case management" or designee and the parents and children. The designee can only be a DHS supervisor or another DHS worker. A designee must:

- ☐ Know the case plan for the child and family.
- ☐ Have the same authority and responsibility to respond to the child or family situation as the case manager [e.g. supervisor or peer case manager back-up]
- ☐ Be introduced to the child and family prior to visit responsibility and engage the child and family in a supportive relationship.
- ☐ Provide consistency and communication of pertinent information through follow-up case file documentation and, verbal consultation with the case manager.
- ☐ In ICPC cases the case manager from the receiving state agency has the authority to conduct visits with the child.

Visits must occur frequently enough to ensure the child's safety, permanency and well-being given the circumstances of the case, but at least once a calendar month for in-state placements and once every six months for out-of-state placements. Other requirements include:

- ☐ The case worker or designee is required to see the child alone for at least part of each visit.
- ☐ A majority of visits with the child/ren should be in the child/ren's residence.
- ☐ The length of the visit and the location must be conducive to open and honest conversation.
- ☐ There must be documentation or evidence in the file that the caseworker and the child addressed issues pertaining to the child's needs, services, and case goals during the visit. Address issues of safety, permanency, well-being and promote achievement of case goals and focus on issue pertinent to case planning, service delivery and goal achievement.
- ☐ The worker must address issues of safety, permanency, well-being and promote achievement of case goals and focus on issues pertinent to case planning, service delivery and goal achievement.

Research identifies¹: Caseworker visits and interaction with children are a cornerstone of practice and one of the most important ways to promote positive outcomes for children. The core focus of visits is the protection of children and strengthening families. Visits are the mechanism for monitoring safety and providing services to promote the well-being of the child and the child's family and caregivers. The quality and frequency of case worker visits is related to improved:

- ☐ Assessment of children's risk of harm;
- ☐ Assessing the need for alternative permanency options;
- ☐ Identification and provision of needed services, and
- ☐ Engagement of children and families in case planning and decision making.

Key elements for quality visits include:

- ☐ Scheduling the frequency of visits based on the needs of children and families.
- ☐ Conducting visits in the family home and at time convenient for the child and both birth and foster parents.
- ☐ Planned in advance of the visit, with issues noted for exploration and goals established for the time spent together.
- ☐ Open enough to offer opportunities for meaningful consultation with and by children and parents.
- ☐ Individualize with private time with the child to discuss any concerns.
- ☐ Focused on the child and family's case plan and the completion of actions necessary to support children and families in achieving the goals established in their plans.
- ☐ Exploring changes in the child's or family's circumstances on an ongoing basis.
- ☐ Supportive and skill generating, so that children and families feel safe in dealing with challenges with change and have tools to take advantage of new opportunities.

Quality visits are enhanced by workers who examine their own and the agencies performance, as well as how well the family is functioning relative to the support and services provided.

¹ Child Welfare Caseworker Visits with Children and Parents, National Conference of State Legislatures, September 2006



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Practice Tips²:

- ❑ Carefully plan for each visit, determining what key issues you need to cover with the child:
 - Safety, Permanency, and Well-being.
 - Case planning and progress toward goals.
 - Family relationships and visits or connections with a caring adult
 - Relationships with caregivers
 - School progress - grade level and performance, attendance, IEP goals, behavior issues, etc.
 - Friends, interests and activities.
 - Disappointment, Grief, Loss, or Trauma issues.
 - Planning any anticipated transitions
- ❑ Use each visit to engage the child and develop a supportive relationship. Don't forget that playing is an important opportunity to develop a relationship with a child. Allow the child to practice making choices and decisions appropriate to the developmental age of the child.
- ❑ Use each visit to continue assessment activities to further identify strengths and needs: health care; medications; mental health; behavioral issues; relationship with peers, siblings, and parents; service or treatment progress, placement stability; what is working well?; what are the child concerns?.
- ❑ Use each visit to assess safety; ask the child if they feel safe at home, in their neighborhood/community, or in their school. For older children, ask them to rate how safe they are or feel on a scale of 1-10. Ask who the child feels close to and who can they go to if they are worried or concerned. Assess the three safety constructs and review the safety/crisis plan. Comprehensively explore with the child any issues or concerns.

Examples of Questions to ask children:

- ❑ **Engagement:** How are things going? Tell me what's happened in your life since _____.
- ❑ **School:** How are you doing in school? What do you like about school?
- ❑ **Long-term goals/transitions for older youth:** How are you going to support yourself after graduation? What skills do you have that will aid you in obtaining and keeping a job? What kinds of things are you learning in school that will help you obtain and keep a job?
- ❑ **Family:** Now I need to ask you a few questions about you and your family. What are some things you enjoy doing? What are some things your family does for fun together? Do you get along with your mother? Father? Sisters? Brothers? Have there been any big changes between you and your mom or dad in the last year?
- ❑ **Friends, Interests:** Tell me about your friends in your neighborhood or at school? What are some kinds of things you like to do together? Is there anything you'd like to do ,

like having a hobby or being in a club, that you haven't been able to do for some reason? Why? Why not?

- ❑ **Safety/Well-being:** Who do you feel close to? So you talk to this person or to someone else when you are worried or concerned about something? What are the things in your life that make you worried, afraid, or nervous (stressors)? Do you talk to someone about these situations? Do you feel safe in your home? Is there anything that could be changed to make your home a safer place to live? What would you like to be different in your life? What would you like to be different in the life of your family? Which of these changes will you and your family need help with? Do you think you and your family will be together this time next year? What help does your family need to stay together?
- ❑ **Services and Plan:** Do you have any other caseworker(s) or counselors? Do you think your caseworker(s) or counselor is helping you and your family? Since _____ [within the last 3 months] how often have you seen your caseworker(s) or counselor? Can you tell me in your own words what the plan is for you and your family? What help does your family need to stay together? What can I do to help you and your family? How are these things supposed to make things better for you and your family? If you had your choice, what types of help would you be getting? What do you think about the help you are getting? Is it making things better for you and your family? Is there anything else you would like to tell me about you and your family? Or about your services or plan? Or the help you need?
- ❑ **Placement:** How are you and your foster family getting along? Do you think you and your foster family are a good match? Why/Why not? Are there any other children or adults who live here? If yes, how do you get along with them? What are some things you and your foster family do for fun? Do your parents live together? Do you ever get to see your parents? Mother? Father? How often do you visit with your parents? Mother? Father? Do you get along with your mother and father during these visits? Have there been any big changes between you and mom or dad in the last year? Where do you visit your parents? Mother? Father? How often do you call your parents? Mother? Father? Do you know why you are not living with your parents? Mother? Father? Do you want to live with your parents? Mother? Father? What is being done so you can live with your parents? Mother? Father? Do you know where each of your brothers and sisters live? How often do you speak to your brothers and sisters on the telephone? How often do you see your brothers and sisters? What kind of things do you do with them? What help does your family need so you can live together or what would need to be different for you to live with your parents? Mother? Father? Where do you think you will be living next year? Where do you want to be living in a year? Is there anything else you would like to tell me about you and your parents? Mother? Father?

² Des Moines Service Area Guide for Visits and Case Plan Content, 2008



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Resources:

- ❑ Child Welfare Caseworker Visits with Children and Parents, National Conference of State Legislatures, September 2006
- ❑ The Issues of Placement in Child Welfare, CalSWEC, University of California, Berkeley, School of Social Welfare, July 2001
- ❑ New Mexico Child Protection Best Practices Bulletin, Well-Being Checklists
- ❑ ISU Extension's "Ages and Stages"
<https://www.extension.iastate.edu/store/ListItems.aspx?CategoryID=7>



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Caseworker activities during a visit with a child must be based on the developmental age of the child <https://www.extension.iastate.edu/store/ListItems.aspx?CategoryID=7>. The chart below identifies major developmental tasks of the different stages of children with suggested case worker activities.

Stage/Age	Developmental Tasks	Caseworker Visit Activities
Infancy 3 months	<ul style="list-style-type: none"> Lift head and chest when laying on stomach Follows a moving object or person and grasps a rattle or finger Smiles back at people and makes cooing or babbling noises Cries in different ways to tell the caregiver what they need Develop primary attachment 	<ul style="list-style-type: none"> Observe developmental tasks and relationships with others Hold the baby and meet needs such as cuddling, feeding, changing Comfort the baby by talking in a soft and soothing voice Discuss with caregiver the infants schedule, response to caregivers, and any medical or emotional concerns
Infancy 6 months	<ul style="list-style-type: none"> Hold head up and look around and search for sounds Push up on hands and knees Recognize familiar faces and smile Coo, giggle and make lots of sounds Roll from back to stomach Develop primary attachment 	<ul style="list-style-type: none"> Observe developmental tasks and relationships with others Look at colorful books Rock, hold and cuddle Talk to the baby and play with them <p>Discuss with caregiver the infants schedule, response to caregivers, and any medical or emotional concerns</p>
Infancy 9 months	<ul style="list-style-type: none"> Sit up without much help Begin to pull up and stand with help Crawl or scoot forward Use thumb and finger to pick up little things Recognize and look for familiar people Start to imitate and make sounds like read words, e.g. dada and develops word recognition Dumps things out of containers Develops object permanence Begins exploration and mastery of environment 	<ul style="list-style-type: none"> Observe developmental tasks and relationships with others Play simple games like Peek-a-boo, all gone, and so big Sing and read to the baby Help them stand up Play with baby with toys Discuss with caregiver the infants schedule, response to caregivers, and any medical or emotional concerns
Infancy 12 months	<ul style="list-style-type: none"> Stand alone holding on to furniture and "cruise around furniture holding on Take beginning steps toward walking alone Says a few meaningful words Begins to learn what they shouldn't do by responding to a firm but quiet no Dance or bounce to music Responds to names Wants caregivers to stay where the baby can see them and shows fear or anxiety of people not well known 	<ul style="list-style-type: none"> Observe developmental tasks and relationships with others Play, sing, talk, read to the baby Hold them or help them walk supporting both hands Teach them simple hand plays, e.g. patty cake Discuss with caregiver the infants schedule, response to caregivers, and any medical or emotional concerns
Infancy 18 months	<ul style="list-style-type: none"> Walk without help, climb up and down on things. Stands and sits without holding on Responds with frustration when they can't do something Use meaningful words, gesture and uses words together Clings to caregivers in new situations Basic Motor development; feeds self with spoon, bends over to pick up a toy without falling, stacks blocks etc. 	<ul style="list-style-type: none"> Observe developmental tasks and relationships with others Play, sing, talk, read to the baby Recite a poem with simple hand plays or body motions Teach simple songs, e.g. row row row your boat Discuss with caregiver the infants schedule, response to caregivers, and any medical or emotional concerns



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Stage/Age	Developmental Tasks	Caseworker Visit Activities
Toddler 2 -4 years	<ul style="list-style-type: none"> ▪ Develops impulse control ▪ Language development ▪ Imitation Fantasy Play ▪ Large motor development ▪ Small motor coordination ▪ Develops a sense of time ▪ Asserting preferences 	<ul style="list-style-type: none"> ▪ Observe developmental tasks and relationships with others ▪ Read picture books; play word games ▪ Talk about everyday things ▪ Take a walk, go to the park ▪ Draw together; play with toys ▪ Discuss events in terms of "after breakfast, "after lunch, "before supper" ▪ Discuss with caregiver the toddler's schedule.
Pre-School 5-7 years	<ul style="list-style-type: none"> ▪ Gender Identification ▪ Development of conscience ▪ Develop ability to problem solve ▪ Begin concrete operations [time, space, hierarchy] ▪ Task completion ▪ Understanding concept of rules ▪ School entry 	<ul style="list-style-type: none"> ▪ Discuss relationships with others ▪ Be open to discuss boy/girl similarity and differences; be open to discussion of gender roles; read books about heroes and heroines together ▪ Discuss rules and consequences ▪ Encourage choices in everything ▪ Point out cause/effect ▪ Play simple games such as Candyland, Crazy 8, Chutes and Ladders, etc. ▪ Discuss friends and school activities
School Age 8-12 years	<ul style="list-style-type: none"> ▪ Skill Development [school, sports, special interests] ▪ Peer group development ▪ Team play ▪ Develop self-awareness ▪ Preparation for Puberty 	<ul style="list-style-type: none"> ▪ Discuss developmental tasks and relationships ▪ Help with homework, practice sports, show support of interests, observe school ▪ Involve peers in visit activities ▪ Attend team activities of or with child ▪ Provide feedback ▪ Discuss physical changes expected; answer questions openly
Early Adolescence 13-17 years	<ul style="list-style-type: none"> ▪ Cope with physical changes ▪ Begin Abstract Thinking ▪ Become independent of parents ▪ Changes in peer group associations ▪ Separation from family 	<ul style="list-style-type: none"> ▪ Discuss attention to personal appearance, provide information ▪ Discuss choices and decision making skills ▪ Plan and discuss future; talk about politics, religious ideas ▪ Discuss plans for driving ▪ Transport to peer activities, discuss peer relationships ▪ Encourage independence by activities directed at planning for post secondary education or training, applying for jobs, etc. ▪ Discuss lifelong connections with caring adults; e.g. a permanency pact
Late Adolescence 18-22 years	<ul style="list-style-type: none"> ▪ Develop life goals ▪ Rework own identity and gender identity ▪ Develop capacity for intimacy 	<ul style="list-style-type: none"> ▪ Encourage independence by activities directed at planning for post secondary education or training, applying for jobs, etc. ▪ Discuss relationships and conflict resolution skills

An Important Note: In all contacts with clients, social workers need to maintain professional boundaries. We also need to be aware of trauma's effects on children and triggers to re-experiencing past trauma. If you are not absolutely clear on what this means, make an appointment to discuss this with your supervisor.